

CLAIMS ONLY						Application Number <i>10/621489</i>	Filing Date
						Applicant(s)	
						• May be used for additional claims or amendments	
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
		Indep	Depend	Indep	Depend	Indep	Depend
1				/			
2				/			
3				/			
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47				/			
48				/			
49				/			
50				/			
Total Indep				6			
Total Depend				<i>33</i>	<i>31</i>		
Total Claims				<i>43</i>			